

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L 990000004728

1. Limited Liability Company's Name

Millennium Solid Surface, L.C.

REINSTATEMENT 2000

2. Principal Office Address

6548 Parvin Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jax Fla

City & State

Zip

32210

Country

Duvas

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3587299

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nackino, Marc

Street Address (P.O. Box Number is Not Acceptable)

6548 Parvin Dr.

Suite, Apt. #, Etc.

City

Jax

200003478652-3

-11/28/00-01085-002

\*\*\*150.00 \*\*\*150.00

State

FL

Zip Code

32210

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

M. Nackino

REGISTERED AGENT MUST SIGN

Date 11-1-00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Marc Nackino	6548 Parvin Dr.	Jax, Fla, 32210

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

M. Nackino

Date 11-1-00

Daytime Phone (904) 545-5136

Typed or printed name of signing Managing Member/Manager